

San Diego County Law Enforcement Explorer Academy
University of California, San Diego

2019 Academy Liability Waiver

I, _____ (Explorer/Cadet), have met all the prerequisites for placement in the requested phase and meet the minimum physical fitness standards established by the San Diego County Explorer Academy. I do not hold UCSD or its affiliates liable for any action or inaction on the part of the San Diego County Law Enforcement Explorer Advisors Association and/or the Learning for Life. All participants MUST have a Liability Waiver signed.

Explorer/Cadet Printed Name _____

Explorer/Cadet Signature: _____

Date-of-Birth: _____ Age: _____ Gender: _____ Phase: _____

Agency: _____

Advisor: _____

This letter is to confirm that your daughter/son has parental permission to attend the 2019 Explorer Academy, Saturday, August 3, 2019 – Saturday, August 10, 2019 at the University California, San Diego (UCSD). As a parent/guardian, I do not hold UCSD or its affiliates liable for any action or inaction on the part of the San Diego County Law Enforcement Explorer Advisors Association and/or the Learning for Life. Participants 17 or younger MUST have a Liability Waiver signed by their parent or legal guardian.

Parent/Guardian Signature: _____

Print name: _____

Phone Number: (Home) _____

Phone Number: (Cell) _____

Please scan and email completed registration packet to sdcleaa@gmail.com

(Explorer/Cadet must submit a completed Liability Form or they will not be eligible to participate)

San Diego County Law Enforcement Explorer Academy

Agent Pricilla Graton
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Chula Vista, CA 91910
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